MANAGEMENT REPRESENTATION AND CERTIFICATION

Firm Name:		
Fiscal Year End:		
questionnaire and other purpose of establishing	cter in connection with the overhead rate, find r information provided to the Missouri Dep g an acceptable overhead rate calculated We confirm we are responsible for the inform	partment of Transportation for the in accordance with the Federal
have been prepared in material transactions or indirect cost rates have for the express purpose	t that the Schedule of Indirect Costs or Overhaccordance with Part 31 of the Federal Ar events that have occurred affecting the fbeen disclosed. The undersigned recognizes of allowing the Missouri Department of Transm. I attest that the information submitted is	cquisition Regulations. All known irm's ownership, organization and s that the information is submitted sportation to administer contract(s)
Print Name	Official Signature	Date
Title	Telephone Number	